


**FORM
D-2**
REPORT OF CAMPAIGN CONTRIBUTIONS AND EXPENDITURES
 CHECK APPROPRIATE BOXES—PLEASE TYPE OR PRINT IN BLACK INK

- ☐ Quarterly Report:
 (Check one) ☐ 1st ☒ 2nd ☐ 3rd ☐ 4th
☒ Final Report (Fund balance on Line E must be \$0)
☐ Amendment of the Report Indicated Above

FOR OFFICE USE ONLY

STATE BOARD OF ELECTIONS
CHICAGO OFFICE

2021 JUL 13 PM 12:43

Full name and complete mailing address of Political Committee:

☐ CHECK FOR ADDRESS CHANGE

 Owen Quast For 111 School Board
 1324 Kettleson Drive, 60447 Minooka, IL

COMMITTEE ID #

36751-3

E-mail address: owenforchange@gmail.com

☐ CHECK FOR E-MAIL ADDRESS CHANGE

REPORTING PERIOD

4/1 6/30

FROM

THRU

CASH AVAILABLE AT BEGINNING
OF REPORTING PERIOD:

\$268.26

Repeat this amount in SECTION D, Line (A)

ALL POLITICAL COMMITTEES RETURN TO:

 STATE BOARD OF ELECTIONS
 2329 S MacARTHUR BLVD
 SPRINGFIELD, IL 62704-4503

OR

 STATE BOARD OF ELECTIONS
 JAMES R THOMPSON CENTER
 100 W RANDOLPH, STE 14-100
 CHICAGO, IL 60601-3232

SECTION A — RECEIPTS

1. Individual Contributions

 a. Itemized (from Schedule A): \$0 (1a)
 b. Not-Itemized: \$0 (1b)

2. Transfers In

 a. Itemized (from Schedule A): \$0 (2a)
 b. Not-Itemized: \$0 (2b)

3. Loans Received

 a. Itemized (from Schedule A): \$0 (3a)
 b. Not-Itemized: \$0 (3b)

4. Other Receipts

 a. Itemized (from Schedule A): \$0 (4a)
 b. Not-Itemized: \$0 (4b)

TOTAL RECEIPTS (1a thru 4b) \$0 (TR)

5. In-Kind Contributions

 a. Itemized (from Schedule I): \$0 (5a)
 b. Not-Itemized: \$0 (5b)

TOTAL IN-KIND (5a + 5b) \$0 (TI)

 Name and address of person submitting this report if other
 than the committee's Chair or Treasurer:

SECTION B — EXPENDITURES

6. Transfers Out

 a. Itemized (from Schedule B): \$0 (6a)
 b. Not-Itemized: \$0 (6b)

7. Loans Made

 a. Itemized (from Schedule B): \$0 (7a)
 b. Not-Itemized: \$0 (7b)

8. Expenditures

 a. Itemized (from Schedule B): \$0 (8a)
 b. Not-Itemized: \$0 (8b)

9. Independent Expenditures

 a. Itemized (from Schedule B-9): \$232.04 (9a)
 b. Not-Itemized: \$36.22 (9b)

TOTAL EXPENDITURES (6a thru 9b) \$268.26 (TE)

SECTION C — DEBTS AND OBLIGATIONS

(Include previously reported unpaid debts)

 10. a. Itemized (from Schedule C): \$0 (10a)
 b. Not-Itemized: \$0 (10b)

TOTAL DEBTS & OBLIGATIONS \$0

SECTION D — CASH BALANCE

Cash available at beginning of reporting period: \$268.26 (A)

Total Receipts from Section A (TR): \$0 (B)

Total cash (A) plus (B): \$268.26 (C)

Total Expenditures from Section B (TE): \$268.26 (D)

Funds available at close of reporting period (C minus D): \$0 (E)

Investments total (if applicable): \$0 (F)

VERIFICATION: I DECLARE THAT THIS QUARTERLY REPORT OF CAMPAIGN CONTRIBUTIONS AND EXPENDITURES (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE REPORT AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING A FALSE OR INCOMPLETE STATEMENT IS SUBJECT TO A CIVIL PENALTY OF AT LEAST \$1001 AND UP TO \$5000.

SIGNATURE OF COMMITTEE TREASURER OR CANDIDATE

7/12/21

DATE

NAME OF POLITICAL COMMITTEE:

REPORTING PERIOD

FOR OFFICE USE ONLY

4/1

6/30

FROM


THRU

SCHEDULE B-9**REPORT OF INDEPENDENT
EXPENDITURES IN EXCESS OF \$150.**POLITICAL COMMITTEE
IDENTIFICATION No.

36751-3

SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.

EXPENDED TO: FULL NAME, MAILING ADDRESS, AND ZIP CODE		DATE	PURPOSE
Leukemia and Lymphoma Society 3 International Drive, Suite 200, Rye Brook, NY 10573		7/12/21	Donation to the Cause
		AMOUNT	
		\$232.04	
<input type="checkbox"/> SUPPORTING	CANDIDATE NAME	OFFICE AND DISTRICT, IF APPLICABLE, BEING SOUGHT	
	N/A	N/A	
<input type="checkbox"/> OPPOSING			
EXPENDED TO: FULL NAME, MAILING ADDRESS, AND ZIP CODE		DATE	PURPOSE
		AMOUNT	
		\$	
<input type="checkbox"/> SUPPORTING	CANDIDATE NAME	OFFICE AND DISTRICT, IF APPLICABLE, BEING SOUGHT	
<input type="checkbox"/> OPPOSING			
UNDER PENALTY OF PERJURY, THIS EXPENDITURE(S) WAS NOT MADE IN COOPERATION, CONSULTATION, OR CONCERT WITH, OR AT THE REQUEST OR SUGGESTION OF ANY CANDIDATE OR ANY AUTHORIZED COMMITTEE OR AGENT OF SUCH COMMITTEE.			



7/12/21

SIGNATURE OF TREASURER OR CANDIDATE

DATE

THE ILLINOIS STATE BOARD OF ELECTIONS IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY IF YOU QUALIFY AS A POLITICAL COMMITTEE AS OUTLINED UNDER PUBLIC ACT 78-1183. DISCLOSURE OF THIS INFORMATION IS REQUIRED. FAILURE TO PROVIDE ANY INFORMATION COULD RESULT IN A FINE UP TO \$5,000. THIS FORM IS IN COMPLIANCE WITH THE FORMS MANAGEMENT PROGRAM ACT

ALL POLITICAL COMMITTEES RETURN TO:	
STATE BOARD OF ELECTIONS 2329 S. MacArthur Blvd. SPRINGFIELD, IL 62704-4503	OR STATE BOARD OF ELECTIONS JAMES R. THOMPSON CENTER 100 W RANDOLPH ST, STE 14-100 CHICAGO, IL. 60601-3232

THIS FORM MAY BE REPRODUCED

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1/1/11